

221571

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a class C Charter
Certificate from
J & W Cab ~~Co.~~, Inc
dba J & W Transportation

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 42 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: George E. Jones

Telephone: 877-832-8090

Address: P.O. Box 2205

Fax: 877-832-8090

Greenwood, SC 29646

Other: 864-942-2562

Email: gandbtransportation@ureach.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JP

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 1-22-2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

J & W Cab & Inc dba J & W Transportation

602 Edgefield Street, Greenwood SC 29646
Street Address of Applicant

P.O. Box 2205, Greenwood, SC 29646
Mailing Address of Applicant if different from street address

877-832-8090 877-832-8090
Phone Fax

gandb transportation @ ureach.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

George E. Jones : 104 Walnut Street, Greenwood SC 29646

George E. Muhammad : 1211-De Metz Rd, Columbia SC 29210

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month January Year 2010

Assets:

Cash	\$ 3,000. ⁰⁰
Receivables	Ø
Real Estate	Ø
Buildings and Equipment (Net)	Ø
Motor Vehicles (Net)	\$ 12,000. ⁰⁰
Garage Equipment (Net)	Ø
Machinery and Tools (Net)	Ø
Supplies on Hand	\$ 100. ⁰⁰
Prepays and Other Assets	Ø
Total Assets	\$ 15,000. ⁰⁰
<u>Liabilities and Equity:</u>	
Accounts Payable	Ø
Notes Payable	Ø
Mortgages Payable	Ø
Equipment Obligations	Ø
Accrued Salaries and Wages	Ø
Other Accrued Obligations	Ø
Other Liabilities	Ø
Total Liabilities	Ø
Capital Stock	Ø
Retained Earnings	Ø
Total Equity	Ø
Total Liabilities and Equity	Ø

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 4.00 per mile based on current gas prices.

\$ 500.⁰⁰ per hour

\$ 2,000.⁰⁰ per day

Counties to be Served:

Greenwood, Abbeville, Saluda, Newberry

Greenville, Spartanburg

Richland, Lexington, Kershaw, Sumter, Fairfield

Maximum Number of Passengers per Vehicle:

14 passengers maximum

DESCRIPTION OF EQUIPMENT

[illegible]

See Attached

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

See Attached

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



Venture
SPECIALTY INSURANCE

207 East Main Street
Richmond, VA 23219
Voice - 804-521-2993
Fax - 804-288-9886

Commercial Auto Insurance Quote

Thank you for calling Venture Specialty Insurance for your insurance needs. We are pleased to offer you the following quote based on the information you provided to us:

Insured:	J & W Taxi Cab Co Inc DBA J & W Transportation
Policy Term:	1/27/2010 to 1/27/2011
Coverage type:	Commercial Automobile Liability
Coverage amounts for liability:	Liability \$500,000 CSL Uninsured Motorist \$75,000 CSL
Physical Damage:	None
Number of vehicles quoted:	1 unit
Premium per vehicle:	\$2,311.00
Venture Policy Fee:	\$75.00
USARM Loss Control Fee:	\$100.00
Carrier:	Delos Insurance Company
Subject to:	<p>Must provide a copy of Vehicle(s) Registrations Vehicles 10 years or older may be subject to favorable mechanic statement, and a photo of the car must be provided Drivers Not needing an SR-22 Filing. All MVRs must comply with Driver Criteria Guidelines MVRs must be sent prior to binding <u>All new potential drivers must be approved by Delos Insurance Company prior to operating any insured vehicle</u> All drivers over 70 years old are subject to favorable physician statement All vehicles must be pre-scheduled, no automatic coverage is afforded</p>
Administrative Fee Schedule:	<p>Pursuant to Section 38.2-1812.2 of the Code of Virginia, Venture Specialty Insurance, LLC may charge an administrative or service fee. Our fees are:</p> <ol style="list-style-type: none"> 1. Policy Set Up Fee - \$50.00 per policy 2. DMV Record - \$10.00 per record 3. Property Photograph - \$25.00 flat fee 4. Returned Check - \$35.00 first offense, \$75 second offense
Total premium for package:	\$2,486.00

By signing below, you acknowledge this quote and the conditions that are subject to this rate provided.

By: George E. Jones (Insured Signature)  : George E. Jones (Printed Name) Date: 1-14-2010

By: _____ (Agent Signature) Name: _____ (Printed Name) Date: _____

Exhibit FWA

J & W Cab ~~Co~~ Inc. dba J & W Transportation

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)
COUNTY OF Greenwood)

Georg E. Jones
Applicant's Signature

I, George E. Muhammad, vice president
Name of Applicant's Representative Title

of J & W Cab Co, Inc. dba J & W Transportation,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

George E. Muhammad
Signature of Applicant's Representative

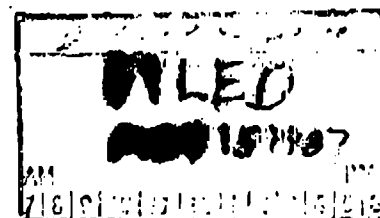
SWORN TO BEFORE ME
This 22nd day of January, 2010
Mal H S

Notary Public

Commission Expires Sept 4, 2017

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF INCORPORATION

OF
J & W Cab, Inc.



**For Use By
The Secretary of State**

File No.

Fee Paid \$.....

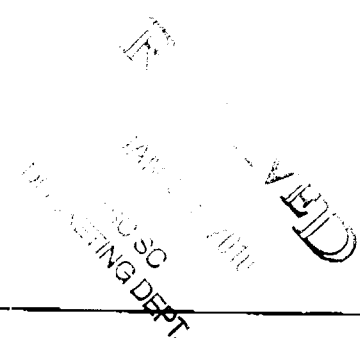
R.N.

Date

(File This Form in
Duplicate Originals)
(Sect. 33-7-30 of 1976 Code)

**This Space For Use By
The Secretary of State**

(INSTRUCTIONS ON PAGE 4)



- The name of the proposed corporation is J & W Cab, Inc.
- The initial registered office of the corporation is 208 Thompkins Street
Street and Number
located in the city of Greenwood, county of Greenwood
the State of South Carolina and the name of its initial registered agent at such address is Brawley Watts, Jr.
- The period of duration of the corporation shall be perpetual (~~20 years~~).
- The corporation is authorized to issue shares of stock as follows:

Class of shares	Authorized No. of each class	Par Value
Common	1,000	\$100.00
.....
.....
.....
.....
.....
.....
.....

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

Inapplicable

Date MAY 15 1987

CONFIRMED TO BE A TRUE AND CORRECT COPY
AS IT APPEARS AND CORRESPONDS WITH THE
ORIGINAL FILED IN THE OFFICE OF THE

Jose T. Campbell

SECRETARY OF STATE OF SOUTH CAROLINA

- Total authorized capital stock \$100,000.00
Please see instructions on Page 4.

6. It is represented that the corporation will not begin business until there has been paid into the corporation the minimum consideration for the issue of shares, which is \$1,000.00 of which at least \$500.00 is in cash.
7. The number of directors constituting the initial board of directors of the corporation is One and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors be elected and qualify are:

..... Name Address
..... Name Address
..... Name Address
..... Name Address
..... Name Address

.....
Name

.....
Address

208 Thompkins Street, Greenwood, S. E. 29646

STATE OF SOUTH CAROLINACOUNTY OF GREENWOODThe undersigned Brawley Watts, Jr.

does ^{he is} hereby certify that ~~they are~~ the incorporators of J. & W. Cab, Inc. Corporation and are authorized to execute this verification; that each of the undersigned for himself does hereby further certify that he has read the foregoing document, understands the meaning and purport of the statements therein contained and the same are true to the best of his information and belief.

Brawley Watts, Jr.
(Signature of Incorporator)

(Signature of Incorporator)
(Each Incorporator Must Sign)

CERTIFICATE OF ATTORNEY

I, James D. Jefferies, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of chapter 7 of Title 33 of the South Carolina Code of 1976, relating to the organization of corporations, and that in my opinion, the corporation is organized for a lawful purpose.

Date March 5, 1987

James D. Jefferies
(Type or Print Name)

Address 710 Monument StreetGreenwood, S. C. 29646**SCHEDULE OF FEES**

(Payable at time of filing Articles of With Secretary of State)

(Payable at time of filing Articles of With Secretary of State)

[2]

Fee for filing Articles	\$	5.00
In addition to the above, \$.40 for each \$1,000.00 of the aggregate value of shares which the Corporation is autho- rized to issue, but in not case less than nor more than		40.00 1,000.00

NOTE. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE IT WILL BE ACCEPTED FOR FILING.
THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS AND A CHECK IN THE
AMOUNT OF \$10 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

Please see instructions on the reverse side.

Name

Address

Name

Address

8. The general nature of the business for which the corporation is organized is (it is not necessary to set forth in the purposes powers enumerated in Section (33-3-10 of 1976 Code).

Purchase, sale and operation of a taxi cab service in and about Greenwood County, S. C.

9. Provisions which the incorporators elect to include in the articles of incorporation are as follows:

None

10. The name and address of each incorporator is.

Name

Street & Box No.

City

County

State

Brawley Watts, Jr. 208 Thompkins Street, Greenwood, Greenwood, S. C.

Brawley Watts Jr.

Brawley Watts Jr.

Brawley Watts, Jr.

(Signature of Incorporator)

Brawley Watts, Jr.

(Type or Print Name)

(Signature of Incorporator)

(Type or Print Name)

(Signature of Incorporator)

(Type or Print Name)

Date March 5, 1987